STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005616	A. BUILDING _____ B. WING _____	C 12/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT GARDEN PLAZA	8614 W 10TH ST INDIANAPOLIS, IN 46234

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00120466. Complaint IN00120466 - Unsubstantiated due to lack of evidence. Survey date: 12/20/12 Facility number: 005616 Provider number: 005616 AIM number: N/A Survey team: Heather Lay, RN - TC Census bed type: Residential: 86 Census payor type: Private: 86 Sample: Residential: 08 Bridge at Garden Plaza was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00120466. Quality review completed 12/21/12 by Brenda Nunan, RN.	R 000		